FAMILY HERITAGE MEDICAL/REHABILITATION 130 STRAWBERRY LANE

WISCONSIN RAPIDS 54494 Phone: (715) 424-1600		Ownership:	Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	130	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	130	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	118	Average Daily Census:	107

Services Provided to Non-Residents		Age, Gender, and Primary Di	-		(12/31/03)	Length of Stay (12/31/03)	용
Home Health Care	No	Primary Diagnosis		Age Groups	용		29.7
Supp. Home Care-Personal Care	No					1 - 4 Years	38.1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.8	Under 65	5.9	More Than 4 Years	10.2
Day Services	No	Mental Illness (Org./Psy)	28.0	65 - 74	11.9		
Respite Care	No	Mental Illness (Other)	3.4	75 - 84	28.8		78.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.8	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.7	95 & Over	7.6	Full-Time Equivalent	
Congregate Meals	No	Cancer	1.7			Nursing Staff per 100 Res.	idents
Home Delivered Meals	No	Fractures	12.7		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	14.4	65 & Over	94.1		
Transportation	No	Cerebrovascular	15.3			RNs	6.8
Referral Service	No	Diabetes	11.9	Gender	%	LPNs	6.9
Other Services	Yes	Respiratory	8.5			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	1.7	Male	33.1	Aides, & Orderlies	45.3
Mentally Ill	No	[Female	66.9		
Provide Day Programming for		1	100.0				
Developmentally Disabled	No	I			100.0		
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Method of Reimbursement

		Medicare			Medicaid Sitle 19			Other			Private Pay			amily Care			Managed Care	l 		
Level of Care	No.	96	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	15	100.0	250	82	92.1	115	0	0.0	0	13	100.0	165	0	0.0	0	1	100.0	169	111	94.1
Intermediate				7	7.9	97	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	5.9
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	15	100.0		89	100.0		0	0.0		13	100.0		0	0.0		1	100.0		118	100.0

FAMILY HERITAGE MEDICAL/REHABILITATION

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	8.7	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	4.7	Bathing	12.7		64.4	22.9	118
Other Nursing Homes	3.1	Dressing	19.5		61.0	19.5	118
Acute Care Hospitals	81.1	Transferring	28.8		53.4	17.8	118
Psych. HospMR/DD Facilities	0.0	Toilet Use	25.4		52.5	22.0	118
Rehabilitation Hospitals	0.0	Eating	61.0		25.4	13.6	118
Other Locations	2.4	*****	******	*****	*****	******	*****
Total Number of Admissions	127	Continence		용	Special Treatmen	ts	용
Percent Discharges To:		Indwelling Or Extern	nal Catheter	3.4	Receiving Resp	iratory Care	1.7
Private Home/No Home Health	27.7	Occ/Freq. Incontine	nt of Bladder	44.1	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	16.1	Occ/Freq. Incontine	nt of Bowel	33.9	Receiving Suct	ioning	0.0
Other Nursing Homes	7.1	_			Receiving Osto	my Care	1.7
Acute Care Hospitals	14.3	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	0.0	Receiving Mech	anically Altered Diets	20.3
Rehabilitation Hospitals	0.0				3	-	
Other Locations	8.9	Skin Care			Other Resident C	haracteristics	
Deaths	25.9	With Pressure Sores		9.3	Have Advance D	irectives	100.0
Total Number of Discharges		With Rashes		4.2	Medications		
(Including Deaths)	112				Receiving Psyc	hoactive Drugs	19.5

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

************	*****	****	*****	*****	*****	*****	*****	*****	*****
		Own	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	용	રુ	Ratio	%	Ratio	%	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	82.0	84.6	0.97	87.2	0.94	88.1	0.93	87.4	0.94
Current Residents from In-County	88.1	75.5	1.17	78.9	1.12	69.7	1.27	76.7	1.15
Admissions from In-County, Still Residing	41.7	18.9	2.21	23.1	1.80	21.4	1.95	19.6	2.12
Admissions/Average Daily Census	118.7	152.9	0.78	115.9	1.02	109.6	1.08	141.3	0.84
Discharges/Average Daily Census	104.7	154.8	0.68	117.7	0.89	111.3	0.94	142.5	0.73
Discharges To Private Residence/Average Daily Census	45.8	63.8	0.72	46.3	0.99	42.9	1.07	61.6	0.74
Residents Receiving Skilled Care	94.1	94.6	0.99	96.5	0.97	92.4	1.02	88.1	1.07
Residents Aged 65 and Older	94.1	93.7	1.00	93.3	1.01	93.1	1.01	87.8	1.07
Title 19 (Medicaid) Funded Residents	75.4	66.0	1.14	68.3	1.10	68.8	1.10	65.9	1.14
Private Pay Funded Residents	11.0	19.0	0.58	19.3	0.57	20.5	0.54	21.0	0.53
Developmentally Disabled Residents	0.8	0.5	1.69	0.5	1.80	0.5	1.69	6.5	0.13
Mentally Ill Residents	31.4	31.3	1.00	39.6	0.79	38.2	0.82	33.6	0.93
General Medical Service Residents	1.7	23.7	0.07	21.6	0.08	21.9	0.08	20.6	0.08
Impaired ADL (Mean)	44.9	48.4	0.93	50.4	0.89	48.0	0.94	49.4	0.91
Psychological Problems	19.5	50.1	0.39	55.3	0.35	54.9	0.36	57.4	0.34
Nursing Care Required (Mean)	4.7	6.6	0.71	7.4	0.63	7.3	0.64	7.3	0.64